

STATE OF HAWAII, DEPARTMENT OF HEALTH  
OFFICE OF HEALTH STATUS MONITORING

REQUEST FOR CERTIFIED COPY OF **CIVIL UNION** RECORD

<u>1</u>	FIRST CERTIFIED COPY	= \$ 10.00
	ADDITIONAL COPIES AT \$4.00 EACH	= \$
	OTHER: _____	= \$
	TOTAL COPIES	= \$
TOTAL AMOUNT DUE		
PARTNER A'S NAME: FIRST MIDDLE LAST		
PARTNER B'S NAME: FIRST MIDDLE LAST		
DATE OF CIVIL UNION: MONTH DAY YEAR		
PLACE OF CIVIL UNION: CITY OR TOWN ISLAND		
RELATIONSHIP OF REQUESTOR TO PERSON NAMED ON CERTIFICATE		REASON FOR THIS REQUEST
SIGNATURE OF REQUESTOR:		TELEPHONE NUMBERS
		RES:
PRINT NAME OF REQUESTOR:		BUS:
ADDRESS OF REQUESTOR: NO. AND STREET OR P.O. BOX		
CITY STATE ZIP		
<b>IF MAILING TO A LOCATION OTHER THAN ABOVE, PLEASE FILL THIS SECTION.</b>  <b>IF THE INFORMATION GIVEN IS INCORRECT, THE CERTIFICATE WILL FAIL TO REACH THE DESTINATION.</b>	NAME OF PERSON TO RECEIVE CERTIFICATE	
	AGENCY OR ORGANIZATION	
	NUMBER AND STREET OR P.O. BOX	
	CITY	STATE ZIP
<b>FOR OFFICE USE ONLY</b>		
_____ NR FILE _____ PENDING:		
FROM	INDEX SEARCHED TO	DATE COPY PREPARED
FROM	VOLUMES SEARCHED TO	
YEAR	VOLUME	CERTIFICATE
		RECEIPT NUMBER

**\*Be sure to sign the "Signature of Requestor" Box before submitting this form.**